

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>Monty Pepper</b>		COURT CASE NUMBER <b>civ 05-84-JJF</b>
DEFENDANT <b>Attorney General of Del</b>		TYPE OF PROCESS <b>42 USC 1983 Sute</b>
<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Attorney General of State of Delaware</b>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>820 A French Street Wilmington Del 19801</b>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input checked="" type="checkbox"/> <b>Monty Pepper</b> <b>DElaware Correctional Center</b> <b>1181 Paddock Road</b> <b>Smyrna Del 19977</b>		Number of process to be served with this Form - 285 <b>1</b>
		Number of parties to be served in this case <b>5</b>
		Check for service on U.S.A. <input type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

**Pauper Case**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

**302-653-9261**

DATE

**sep 1 05****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk <b>BF</b>	Date <b>10-13-05</b>
		No. _____	No. _____		

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Keith Brady, Asst. St. Solicitor**

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service <b>10/13/05</b>	Time am pm
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Signature of U.S. Marshal or Deputy  
**BF**

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

**OCT 24 2005**U.S. DISTRICT COURT  
DISTRICT OF DELAWARE